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ENCYSTED TUMOR OF THE NECK.

BY J. C. BRADBURY, M.D.

[Communicated for the Boston Medical and Surgical Journal.

In October last, being in the town of L. on other professional business, I was consulted by Mrs. D. and her physician, relative to a tumor of the neck, filling the square of the left side, bounded by the inferior maxillary bone above, the clavicle below, and laterally by the larynx and trapezius muscle, crowding the larynx and trachea from their central position to the opposite side, greatly embarrassing respiration, and, by its pressure upon the large vessels of the neck, occasioning a painful interruption of the circulation of the brain, and painful apprehensions, in the minds of the patient and friends, relative to future consequences.

It had been some twenty years since the tumor was first observed, and of late it had increased with greater rapidity than formerly. Upon a superficial observation, it had very much the appearance of bronchocele, but had not its location. Upon a more careful examination, its surface was found to be smooth, regular and almost incompressible. On percussion, although there was not a distinct undulation, the diagnostic symptom of encysted tumors, an elastic vibration could be perceived, that seemed to indicate the probability that the tumor was of the encysted kind, distended by its contents, and bound down by a muscular covering. The mastoid muscle, tensely upon the stretch, was observed crossing the tumor, near its centre, in its oblique direction. There was no pain, save from distension of the neighboring tissues. The patient was about 50 years of age, and very corpulent.

Although I looked upon the extirpation of a tumor of this character, size and location, as the least inviting of surgical operations, I saw no other alternative, that could result in permanent relief, or any safety in delay. An unremitting congestion was threatening an apoplectic organization, and the ceaseless pressure upon the respiratory organs was occasioning the patient great discomfort in an erect position, and denying her the very necessary comforts of a recumbent one.

I explained to her the dangers and necessity of the operation, which she seemed fully to have appreciated, and expressed her decision by the laconic reply, that she "*had rather have her throat cut, than be choked to death.*"

With the sanction and assistance of Drs. Bacon and Jones, of that vicinity, the tumor was removed as follows. The patient being fully narcotized by chloroform, an incision was commenced, near the angle of the inferior maxillary bone, and carried along the extreme laryngeal boundary of the tumor, to the clavicle, which was near the form of the first half of the elliptic. From the centre of this, a second was carried back, in a transverse direction, to the trapezius muscle. The two flaps embraced in these incisions being raised, and the superficial layers of fascia and platisma-myoides dissected off, the external jugular vein presented itself, passing over the middle of the tumor, and it was found necessary to divide it. The lower extremity was compressed; and as there was a disposition to hemorrhage from the upper, a ligature was put around it. We also now had in view, the deep cervical fascia, binding down the firm and substantial muscular coverings of the tumor, which in the course of the dissection were found to consist of the sterno-mastoid, omo-hyoid, sterno-hyoid and sterno-thyroid muscles. These being dissected from their several relations, so far as was necessary to our purpose, and from their connection with the tumor, were removed from its face, as far as was practicable without dividing their longitudinal fibres, when by traction upon the tumor I was enabled to divide the lateral and deeper attachments of the clavicular extremity, and so raise this portion as to continue the dissection with considerable facility along the sheath of the carotid and internal jugular vein, to which the tumor was attached by intervening cellular tissue. By thus raising the inferior and lateral portion of the tumor, and dividing the deep attachments, as I best could, I was ultimately enabled, by pressing the mastoid to the external side of the wound, to crowd the tumor inside and above the mastoid, into the anterior triangular space, which gave a command over it, that enabled me to complete the dissection of its maxillary and laryngeal portions, from the anterior vertebral and pharyngeal muscles and larynx, to which they were firmly attached.

The hemorrhage was very trifling. A ligature upon the external jugular, and upon one artery, supposed to be a branch of the superior thyroid, were all that were required. The flaps were brought together, and mostly healed by the first intention. As the patient was fifty miles from me, I am indebted to Dr. B. for the subsequent history of the case.

The patient suffered hardly any local or constitutional inconvenience from the effects of the operation; but about the fourth day an erysipelatous inflammation made its appearance on the face, and extended over the head, but was thought to have no local connection with the wound. From this, however, she soon recovered, and from the time of the operation has been altogether relieved from the symptoms and suffering supposed to result from the mechanical agency of the tumor.

The longest diameter of the tumor, was five inches and a half; its shorter, four and a half; and it weighed eighteen ounces. It had appropriated to itself all the cellular and other loose structures in its neighborhood, and made them the medium of its connection to surrounding organs, which it had displaced, to make room for its increasing development. The naked and isolated condition of the numerous organs, after the removal of the tumor, presented a wound of formidable appearance. Of these were the anterior muscles of the neck, the larynx, the pharyngeal muscles, the cervical portion of the spinal column, with its immediate muscular coverings, and the primitive carotid, visibly pulsating through most of its extent, accompanied by the internal jugular and pneumogastric nerve.

The tumor was removed whole, without puncturing the sac, which was facilitated essentially by the form and extent of the external incisions. This could hardly have been accomplished through the elliptical incision, a method very common in the removal of tumors, and in my opinion sufficiently objectionable, in a majority of instances, and especially when the integuments are not diseased, and when deep and extensive dissections are anticipated amidst complicated and important anatomical relations. This method does not give access to the part to be removed, or its relations. We are continually groping in the dark, and it has not the advantage of diminishing the extent of the incision, either of the teguments or deeper textures. So far as my experience extends, a great proportion of the difficulties and embarrassments, of operations of this kind, and especially in the hands of inexperienced operators, arise from a badly selected method, or a timid reluctance of carrying the external incisions to a sufficient extent to facilitate the subsequent stages of the operation.

The greater portion of the tumor was made up of one large sac. Its superior portion had the appearance of being solid, but upon making an incision into it, there was found to be in its centre a large number of small cavities or sacs of various sizes, communicating with the main sac, thickly enveloped by a fleshy covering, that appeared to be the result of granulation; and over this, was a thick coat, made up of lamina of cellular membrane, which being continued over the whole tumor, constituted the whole, or nearly the whole, of the parietes of the large sac. The small cavities or sacs were lined by a fibro-cartilaginous tissue, which was continued to some considerable extent over the adjacent inner surface of the principal sac. There were also several irregularities, consisting of elevations and depressions; also several bony shells, attached closely to its inner surface, and spicula of bone, imperfectly ossified, projecting from its surface from two to six lines in length. These appearances led to the suspicion that the contents of the main sac had been made up of many smaller ones; that their primitive structure had undergone partial disorganization, and that they had been supplied by one general covering from the neighboring cellular tissue. Both the large and small sacs were filled with an albuminous fluid.

There are but few organic affections, the pathology of which remains in greater uncertainty than this variety of tumors. Their cause, the nature of the morbid process that developes them, the structure that gives them origin, are among the points to be settled by future pathological observation.

In the present instance, the tumor undoubtedly had its origin in the cellular tissue about the deep-seated organs of the neck. But its structure, contents and close analogy to the *cystic* tumor of Mr. Abernethy, Dr. Burns of Glasgow, and others, which has its seat in the glandular structure (the thyroid and ovary), would seem to leave but little doubt that a *lymphatic gland* was the seat of its origin.

A circumstance worthy of notice, in the present instance, was that the same patient had several other tumors; and also a sister present, near her age, had several, all situated about the neck, but more superficially located, and all, evidently, of the same character. This fact strengthens the probability that a disposition to *this variety* of tumor is sometimes hereditary, a circumstance that has been noticed in connection with that variety so often found under the scalp, commonly passing by the name of *wen*.

Oldtown, Me., February, 1853.

POST-MORTEM APPEARANCES OF AN EPILEPTIC.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If you deem this communication of importance, you will please insert it in the Journal. Yours, T. G. Simpson.

Derry, N. H., Jan. 26, 1852.

History.—When 2 years old, he ate very heartily of meat, and in a few hours was attacked by fits. These continued to occur occasionally, for several years, when they ceased for eight years, and then commenced again and continued until his death, at which time he was about 23 years old. He would have two or three a week. He has had some gastric disturbance and constipation from the first. Never had much pain in his head. Fits always preceded by rumbling or gurgling in his stomach. For three or four days before his death, his fits were very severe and long continued.

Post-mortem.—On removing his skull, brain was found large. No adhesions. On removing dura mater, the arachnoid was found much congested, and having a most beautiful appearance. No serum to be found beneath this membrane, or in the ventricles. All parts of the head were apparently healthy, but a good deal congested. There was a peculiarity of the sella turcica. The depression was six lines deep, six wide and nine long. This depression was the seat of an abscess, whose cavity contained about fifteen drops of pus of a bloody character. At the bottom of the cavity was a spot, from which the periosteum was removed, and the bone was rough.

Lungs healthy, except a few tubercles scattered here and there. A large pleural adhesion at apex of right lung. Heart normal. The cardiac orifice of the stomach and larger curve was the seat of acute inflammation, and the lesser curve and pyloric orifice were the seat of chronic inflammation and great thickening of the mucous membrane.

Query.—Had the abscess any influence in producing the fatal effect, as the symptoms were not aggravated until three or four days before death? Is it probable the chronic disease of the mucous membrane was a strong predisposing cause of the fits?

For the post-mortem in this case I am indebted to my friend J. H. Crombie, M.D., who has permitted me to offer it to the profession.

CARBONATE OF LEAD—ITS APPLICATION TO SCALDS AND BURNS.

[Communicated for the Boston Medical and Surgical Journal.]

This remedy, though spoken favorably of by all who have given it a trial—since first brought prominently before the profession by Dr. Gross, in his edition of "Liston's Surgery"—is not, I think, sufficiently known and estimated by physicians in general.

At the risk of being considered tiresome by your readers, I report the following cases occurring in the practice of my father and myself.

May 10th, 1850.—Was called to see a child of Mr. McF., about 1 year old, which, in the temporary absence of its mother, had been most dreadfully scalded, by the overturning of a large pot of boiling water, the most of which fell upon its breast and neck, though smaller injuries were inflicted upon each of its extremities. The lungs almost immediately gave evidence of disease; and although we judged it a hopeless case, the carbonate was applied freely over the scalded surface, in fact almost covering the child with it, and a free dose of laudanum was given. These measures relieved the suffering; but the patient died in about sixteen hours after the accident, apparently from extensive disease of the respiratory apparatus. No depressing effect (as has been feared by some) followed the extensive application of the lead.

July 14th, 1851.—Sent for in haste to see Minnie C., 4 years old, who had pulled over a teapot, pouring its boiling contents upon herself, scalding the throat, front and sides of the thorax, extending on the right side entirely over the scapula to the posterior median line, and the inner surface of both arms, a small space remaining intact, immediately in each axilla. The scald upon the neck and front of the thorax was superficial, the skin alone being affected, owing to the facility with which the fluid flowed off. No so, however, with the arm and sides; here the muscles were affected. The child was in great agony, screaming and crying, but by the time she was well *painted*, she had fallen into a gentle sleep. She was then wrapped in raw cotton, and passed a comfortable night. This first dressing was not changed until the third day; after which, for eight or ten days, the cotton was removed daily, and the sores washed with Castile soap (as the warm weather and profuse discharge rendered cleanliness of the first importance), the carbonate and cotton being then re-applied. About the twelfth day, olive oil was substituted in place of the lead. Some little inflammation of the lungs, with fever and constitutional irritation, supervened in this case, but was easily controlled by the ordinary remedies—and the patient was discharged July 28th, almost well, there being small sores remaining upon the arms and right side, which healed without further trouble. Adhesion of the extremities to the trunk, and contraction of the axillary muscles, were prevented, by that space being well padded with cotton. In this case a cure was accomplished, as soon, certainly, as could have been done by any other method.

October 31st. 1851.—Saw Henry T., 6 years old, who had just been severely burned by his clothes having caught fire and being nearly consumed before they could be removed from his body. His throat, breast, right side and arm were burned, the left escaping. The lead dressing was applied, with almost immediate relief from pain. High fever followed in the course of a few days, and required the use of antimonials, &c. This treatment was continued for a week or ten days, the boy improving so that his mother thought she could manage the case, and it was then given into her hands; but not progressing well, it was returned to us Nov. 26th. There then appeared two large irritable ulcers, with exuberant granulations of a weak, spongy nature—one on the side of the thorax, and one on the inner side of the arm. The nitrate of silver in substance was applied to the granulations, "fatty ointment" to the surface of the sores, and Henry was finally discharged well, Dec. 6th.

I should state that this was a very ungovernable child, and consequently the dressings were applied very irregularly, during the intermission of medical treatment. *Burns* I believe to be longer in healing than *scalds* of equal depth and size, though I know no reason why this should be; but this is my experience.

I do not pretend to offer anything new to the profession, but merely to call attention to a remedy, which I think has not the importance attached to it which it deserves.

The best mode of applying the white lead is with a soft brush (I prefer a shaving brush), having first brought it to the consistence of cream by the addition of linseed oil, and thus spreading it over the whole inflamed surface.

Its *modus operandi* I do not attempt to explain; but for efficiency and appropriateness to all cases, I think this remedy second to none. I have never seen it cause any symptoms of *colica pictonum*, or in any way have a bad effect upon the local disease or upon the general health of the patient, though applied as above in some severe cases, as well as in others of less importance. G. R. HENRY, M.D.

Burlington, Iowa, Jan. 29th, 1852.

SUPPOSED POISONING BY SUGAR OF LEAD, USED MEDICINALLY.

BY MEDICUS ANONYMUS.

[Communicated for the Boston Medical and Surgical Journal.]

IT is unfortunate for the medical profession, and still more for those who are the subjects of their ministrations, that while their successful exploits are blazoned to the world, their failures and mistakes are, for the most part, carefully concealed. There are obvious causes for this in the personal interest and reputation which are involved. So far as it is a personal matter, it is of small account to the profession and to the world, and were that all, it were well enough: but there are effects which extend beyond the reporter's narrow sphere, and must operate injuriously wherever felt. These are, especially, the false reputations which particular remedies, or modes of treatment, or operations, in this way acquire. Not but that the reports may be, each and all, individually true; but for one such case of success as is recorded, there may be a dozen of failures which are suffered to pass silently into oblivion. The latter being left out of the account, the thing stands very fair; while if they were known and duly weighed, the preponderance would be greatly on the other side. This is supposing an extreme case, of course; but the same is true, though in less degree, of many cases. The necessary consequence is, that the inexperienced have quite too exalted a confidence in the means and modes which they have learned, and consequently in themselves, as masters of those means and modes. To the well-instructed student, conscious of his acquirements in medical science, who has not yet tried his weapons in actual conflict with disease, nothing seems more easy than to remedy every ill, and to vanquish every foe in the catalogue of his nosology; with the science as taught at his command, he welcomes the contest, confident in his powers, and sanguine of success. But experience—the "dear schoolmaster"—soon teaches him what his preceptor and his books did not; and his most sanguine hopes are many, many times blotted out in bitter disappointment. He finds that they told him the truth indeed, but only half, or less than half, of it; and feels that if he had earlier known the rest, he might have sometimes escaped the mortification of a failure, or the pain and the misgivings of a serious and mischievous error. If he gives "full faith and credit" to all he finds in the periodical literature of the profession, he finds himself still more "drawn on." Confident conclusions from insufficient premises, strong praise of almost untried novelties, with few cautions against possible damage—these are too much the characteristics of medical journals. Were all the injury resulting from the medical use of each particular remedy, and the failures from reliance upon it to the exclusion of others, duly reported and published, as well as its successes and triumphs, those who come after, and look to the record for guidance, if not as bold and confident, would at least be better prepared to obviate, detect and remedy its occasional unpleasant effects. If they did not see so clearly before them a smooth and straight way, it would not be from dimness of vision, but because the rocks and pitfalls which lie there, instead of being cautiously concealed, would be revealed by the way-marks left by each predecessor who had fallen upon them. An enlightened caution would take the place of a half-blind boldness. A happy day that for the credit of the healing art, and for the well-being of diseased and over-doctored humanity. To help along that "better day a-coming," I subjoin a case from an old note-book.

June 20.—Mrs. J—— sent to me for medicine for menorrhagia. Without seeing her, or ascertaining accurately the symptoms or urgency of the case, I sent a prescription of acetate of lead, with verbal directions. Exactly what quantity she took, or how soon it produced the desired effect, is not ascertained. Much more might have been taken than was intended.

22d.—She felt severe pain in the lower bowel, which was partially relieved by a thorough purge of her own prescription.

24th.—The abdominal pain still remaining, and becoming intolerable, I was called in. A full dose of opium relieved her for the time.

25th.—Seized in the night with very severe pains in the back, the right side and epigastrium; most violent in the side, in the region of the liver; pain constant; no action of the bowels; no recurrence of menorrhagia; tongue slightly coated; pulse normal; skin soft and moist. Prescription—a blister to the right hypochondrium, and calomel in liberal doses every four hours till it should produce catharsis.

Evening.—Pain partially relieved by blister, but soon attacked with great severity in lower region of the same side, thence radiating to the back and down the leg. After taking about a grain of morphine, she got easy and slept.

26th.—Her bowels being still unrelieved, she took in the morning a drop of croton oil, and a large purgative draught, to be repeated in a few hours, if the first dose failed to operate. These failing, and all the medicine that I had left being exhausted, in my absence several patent pills were given her, of which two were accounted a full dose. Thus the amount of cathartic medicine administered in two days must have considerably exceeded double doses each of calomel, of croton oil, of the draught, and of the pills.

27th.—No catharsis yet. An injection in the morning brought away a small quantity of fæcal matter, but failed to excite the bowels to action. When repeated, it came away alone. During the day a great change took place in her appearance; great prostration; no pain; some delirium; pulse weak, 120; tongue brown; skin moist; extremities cold. In the evening the pain returned, and all the bad symptoms were greatly aggravated. A consulting physician was called, who advised the vigorous employment of stimulants. They had but little effect, however, and none to arrest the progress of the complaint.

28th.—Died.

I was much in doubt about the nature of this case, and my doubts are not fully resolved yet. I incline to the opinion that she was poisoned by the lead, inasmuch as I know of no other cause for just such an assemblage of symptoms; and I believe there was no symptom that might not originate in that cause. My counsel kindly attempted to relieve my doubts by suggesting malignant disease of the uterus; and disavowing entirely the suspicion of lead-poison. But I was not satisfied. I did not think of looking for the blue line on the gums in those days; if I had, I might not have the comfort of a doubt now. I leave the case, having made as full and fair a statement as I could from my meagre notes, for every reader to decide for himself.

Far West, January, 1852.

INQUIRIES CONCERNING THE LUNGS BEING THE ORGANS OF CIRCULATING THE BLOOD.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—There is so much of ingenuity, tact and talent, in the upholders of Mrs. Willard's theory (of the lungs being the motive power of circulating the blood) that we wish to see their acumen carried out. And, first, we wish to learn how the quiescent lungs of the unborn infant act in circulating the blood. That its blood circulates by its own organs is past dispute, because its pulse is not synchronous with the maternal pulse. Half convinced, and thrilling with admiration at the new theory, these thoughts flung a complete damper upon my reveries.

But again, Sir, so far as I know, the moving powers of the human body are the muscles. By their means we talk, walk, write, speak, eat and sing. Now, the heart having the most important duty to perform, is the most powerful, unwearied, and wonderful of all the muscles. What motion is performed without a muscle? Are the lungs, then, considered to be muscles? I pause for a reply. And perhaps, as Corporal Trim said of his pause, it is the most eloquent part of my speech.

Lebanon, Ct., Feb. 14th, 1852. INQUIRER.

P. S.—Is John Bell correct in saying that the blood does not pass through the lungs of the fœtus? If so, there must at once be a *quietus* to the new doctrine, *sans ceremonie.* Lastly, the beating of the pulse in the adult is simultaneous with the beating of the heart, but not with the motion of the lungs in respiration.

STEAM DOCTORS—MANSLAUGHTER—LOBELIA AND RED PEPPER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following case for the Journal. It is a good illustration of the fact, that ignorance and presumption often lead to the most disastrous results, especially in medicine.

Mrs. C———, a stout, healthy woman, was taken with the premonitory symptoms of labor at 7 o'clock on the morning of the 21st of December last. She had been confined twice before, and had easy and natural labor in both instances. A steam doctor was immediately called, who saw her about 8 o'clock. Her pains at this time were slight, and she complained of some pain in the head. In order, as he said, to relieve the pain in the head, he gave her an emetic of lobelia inflata. During the operation of the emetic, the patient was seized with a convulsion. As soon as this had subsided, another emetic was given, and they were thus repeated till twelve had been taken, the patient continuing to have the convulsions as often as an emetic was taken. After the first convulsion, labor pains were almost entirely suspended. In order, as the doctor said, to reproduce these, injections of *red pepper* were used repeatedly through the day. Towards evening, the family, becoming alarmed at the state of the patient, sent for me, after having dismissed the steam doctor. I saw her about 6½, P.M., and found her *in articulo mortis*, suffering from the narcotic effects of the lobelia. I proceeded to apply the forceps, and without difficulty delivered her of twins. She died in about thirty minutes after delivery. From the account given me by a very intelligent nurse, who was with the patient during the day, I have no doubt she could have been delivered several hours before, and perhaps her life been saved.

But her doctor was so confident that his lobelia and red pepper would have the desired effect, that he was allowed to remain and continue the treatment during the day. Perhaps the doctor expected to produce a sort of "*reflex action*" by his lobelia and pepper, and thus effect the delivery by the stomach and œsophagus.

I have sent you the case, Mr. Editor, for the purpose of calling the attention of the profession to what seems to me to be the proper course to pursue in similar cases—a course I regret exceedingly that I did not take in this case; and that is to call for a jury of inquest and let the facts be fairly and fully investigated, and thus be brought before the public.

I understand that the doctor in this case has concluded to get a pair of forceps, and not be dependent on the regular profession for assistance in future. I have no doubt if he does procure the forceps, and attempt to use them, they will be of more assistance in placing him where all such pretenders should be, in the penitentiary, than in relieving his difficult cases in midwifery. J.

New Haven, Ct., Feb. 14, 1852.

CASES IN PRACTICE.

BY A. I. CUMMINGS, M.D., ROXBURY.

[Communicated for the Boston Medical and Surgical Journal.]

No. I. *Poisoning by Bi-chloride of Mercury.*—In the latter part of the summer of 1850, I was sent for in haste to see Mrs. T——s, who was represented by her husband as having poisoned herself, as he supposed. On arriving at the house, I found an Irish woman, some 40 years of age, the mother of six children, and apparently in comfortable circumstances. She was pregnant, some five or six months advanced. I found her vomiting violently, countenance flushed and anxious, limbs cold, pulse quick, tongue red, and every indication that she was poisoned. She positively refused to reveal the circumstances, and seemed determined to die in spite of us. In searching for any indications that might lead to a clue to the mystery, by the kind assistance of Mr. Henry White, apothecary, who by my request accompanied me, we at length discovered a piece of brown paper, containing a few grains of corrosive sublimate, and she then admitted that she had taken the contents of the paper, as she said *about a teaspoonful*, or *more than a drachm!* From the quantity she had taken, I supposed it would prove fatal, in spite of remedial agents. But as no time was to be lost, and she was growing worse every moment, I immediately ordered a solution of a teaspoonful (ʒ jss.) of salæratus, or impure bi-carb. potassæ, in ℥ viij. of water, and though she resolutely fought against it, wishing, as she said, to die in peace, by the assistance of my friend (Mr. White) I succeeded in making her swallow the most of it, though there was some spasmodic action of the muscles of deglutition. My object, it will be at once perceived, was to form a chemical union of the alkali with the acid of the poison, and thus render the mercury comparatively harmless. She still continued to vomit freely, and after repeating the above prescription, I ordered the whites of a dozen eggs to be given her as fast as circumstances would permit. She still vomited some, and brought up small quantities of blood from the congested mucous membrane of the stomach, and being desirous as much as possible to shield the mucous surfaces from the action of the poison, I ordered the attendants to mix flour in water, and give her as freely as possible. Supposing, if she lived, that the least I could anticipate was acute gastritis, I gave directions to have a strong sinapism applied over the region of the stomach, and, if necessary, half a dozen leeches. Before I left her, she had so far recovered as to inform me that she took the poison for the purpose of self-destruction. She procured it of an apothecary for "bug-poison," and, as she afterwards informed me, she must have taken more than a drachm! She gave as a reason for the act, that she could not bear the thought of having any more children, and she had suffered severely thus far during gestation. On visiting her the next morning, I was surprised to find her so comfortable. She was weak, it is true, and suffered some from gastric irritation, but with care and antiphlogistic treatment she was able in a few days to attend to her ordinary duties.

The treatment pursued is not new, and I lay no claim to originality; but the result in this case gives me so much confidence in the theory of neutralizing the acid of the poison, that I should feel justified in resorting to it again, under similar circumstances. So important is it that in cases of poisoning no time should be lost unnecessarily, that if to the carb. potassæ imp., or salæratus, as it is better known in families, we have a safe remedy, the fact cannot be too extensively known, not only to the profession, but to the community. My patient, after her recovery, gave me the assurance that she was satisfied to live, rather than resort to corrosive sublimate as a passport to the other world, and promised never to attempt her destruction again; and I think she will be as good as her word.

February, 1852.

TURPENTINE IN HEMORRHAGES OF TYPHOID FEVER.

EXTRACT FROM A LETTER TO THE EDITOR.

* * * * * * * I HAVE just finished reading "Extracts from the Records of the Boston Society for Medical Improvement," published in the number for this month of the American Journal of Medical Sciences. And I must confess my astonishment that not one of the members—so far as is shown by the "Extracts"—made reference to the spirit or oil of turpentine as an efficient remedy in the hemorrhages of typhoid fever. If it is an omission on the part of the reporter, he has not done justice to the members of the Society. But if allusion to the applicability of turpentine under the circumstances, was not made

by any of the learned practitioners who were present during the discussion of the subject, it must have been for one of two reasons. The claims of turpentine to remedial importance in the hemorrhages of typhoid fever were not known; or, if known, they had been tested and found wanting.

I cannot entertain the idea of a want of knowledge on this point, on the part of those who engaged in the discussion; it would shock the feelings of respect which I have for Storer and others like him, and the love I have for the profession which has the time and talents of such men consecrated to its improvement. But if they have found turpentine to be inefficient as a remedial agent, in the condition which is evidenced by hemorrhage, they are certainly chargeable with inexcusable neglect in not publishing the evidences establishing the inefficiency; for truly I have been under the impression that it was esteemed, by the apt ones of the profession, as a styptic of very positive power, and peculiarly adapted to the hemorrhages which occur during the progress of an attack of typhoid fever. Upon this presumption I have practised. I cannot now remember more than two cases of hemorrhage from the bowels, presenting to me, as incident to typhoid fever. And I am also unable to say how many discharges of a bloody nature either case had. Neither died.

One was a marked illustration of the very great departure from the natural condition of the solids and fluids of the economy, which this fever is so apt to occasion; or which is occasioned by the peculiar cause operating in this affection.

A hale, athletic man, aged about 40, very muscular, and weighing, probably, 180 lbs., was attacked within a month after settling on a farm in this county. He was from North Carolina. There had been no sickness in his family for some time previous to his leaving that State. There had been no typhoid fever in the immediate vicinity of the farm on which he settled in this county. There was, however, a very great prevalence of the disease in town, two miles distant from his farm. No other member of his family was affected. This was during the summer of 1845. He was sick some three weeks, when he commenced getting better. His pulse beat less frequently and more full and round; his tongue became gradually clean; his bowels discharged not oftener than once a-day—a healthy, soft moulded passage; and his appetite was vigorous. Under these circumstances I left him on Monday morning to attend a call thirty-five miles distant. On my return the succeeding Saturday, I visited him, and found him bleeding from his gums—very slightly tinging the saliva; dark black oozing from his nostrils; urinating blood; ecchymosis under each eye; every discharge he had from his bowels more or less bloody, and he was reported to have had several "nothing but blood." He was lying with his eyes half closed, muttering, only manifesting intelligence on being called, by opening for a moment his eyes, and when an arm was lifted, if let loose, it would fall instantly, as though there was not even the least muscular energy left. His was truly a desperate case—and my then partner in practice, Dr. Wm. Rogers, who had charge of him during my absence, ascribed the condition to a teaspoonful of castor oil which had been imprudently administered by some member of the family on the previous Wednesday. Under these circumstances, something more than a mere astringent was demanded; rhatany, kino, sul. acid, all passed under review, but were set aside as not offering sufficient promptness and permanency of impression to meet the exigency. Oil of turpentine, in drachm doses every six hours, was resolved upon, and, during the intervals, beef-tea and arrow-root jelly at stated periods and in specified quantities, were to be given. In a few days we had the pleasure of hearing our patient converse rationally, and after a tediously-prolonged convalescence, he recovered, and I have since seen him apparently, and he says certainly, as well as he was before the attack. This is but one case, it is true, but to my mind it tells with an effect ten times more forcible than the presumptions of even the most aged and most experienced practitioners.

Some three years ago I had the good fortune to be thrown in company with Dr. Ogleby, of Madison city, Georgia, and in our conversation he made reference to a case almost if not quite as positive as the one I have so hurriedly given, in its favorable testimony to the virtues of turpentine.

In the systematic works the importance of this article is not set forth. Its virtues as a styptic were not well appreciated in 1812, when the fourth American edition of Cullen's Materia Medica was published. For Dr. Barton says, in a note—"Though it may be difficult to explain the fact, and improper to imitate the practice without great caution, there can be no doubt, that the terebinthinate medicines have sometimes been usefully exhibited in alarming bleedings from the intestines and other parts of the body. I have myself seen good effects from the turpentine in cases of this kind. But it is chiefly the experience of respectable British practitioners upon which I depend." Pereira makes reference to it as a styptic in a careless, and by no means commendatory, manner. But in the medical journals—those very essential aids to correct ideas in medicine (the physician, your correspondent of my State, who is so fearful of leading young practitioners astray, to the contrary notwithstanding), are to be found many reports from reputable practitioners which tend to establish confidence in turpentine as a styptic.

In the London Medical Times for Dec. 14, 1850, and Nov. 22, 1851, are contributions from a practitioner by the name of Bradley, "illustrating the good effects of turpentine in hemorrhagic diseases." But communications more appropriate for citation under the circumstances which have induced me to call your attention to this medicine, are to be found in the Medical (Philad.) Recorder for 1826 and 1828. I hope that I will not be held amenable by those infected by the rampant spirit of search after novelty which is characteristic of the age, as well in medicine as in almost every other department of human exertion, for referring them to journals published so long as twenty-four and twenty-six years ago. Much has been proven to be true which is seemingly forgotten, and an occasional turning up of "old documents" cannot fail of producing good—and the true and good, I take it, constitute the legitimate objects of the physician's efforts.

In the ninth volume (1826) of the Medical Recorder, is an article taken from the Edinburgh Medical and Physical Journal, Oct., 1825, to which it was communicated by Dr. Magee, then Senior Physician to the Dublin Sick Poor Institution, which, I think, bears on the subject of which I am writing. The paper is entitled a "Case of Purpura Hæmorrhagica, *successfully* treated with Spirits of Turpentine." Its author says he was induced to try the remedy in subsequent cases from its efficacy in checking the hemorrhage of dysentery. He further says that, after this case he had "several cases of purpura which did not assume the hemorrhagic form, solely, I am persuaded, from the use of the turpentine." The case is of importance, and therefore worthy of perusal, whether the opinion of the writer as to mode of operation and manner of combination be adopted or not.

But the most important cases bearing on this subject, are cases 3d and 4th, recorded by Caleb B. Matthews, M.D., of Philadelphia, in the Med. Recorder, Vol. XIV., 1828. Case 3, after "repeated attacks" of intermittent fever of the tertian type, was suddenly seized with alarming hemorrhage throughout the whole mucous membrane. A similar case in the same family had a fatal issue, in which the turpentine had not been used. It was employed in this case, and recovery resulted. Case 4 was in the same family, and was a case of hemorrhage after protracted fever, cured by turpentine.

On the 118th page of Braithwaite's Retrospect, Vol XXII., will be found a very interesting paper on this subject, by Dr. Budd.

If you think these remarks will in any way subserve the purposes of that improvement which is the proposed object of the Society whose deliberations induced me to write, you are fully privileged to publish them in your very interesting and valuable weekly.

Knoxville, Tenn., January 28, 1852. **Frank A. Ramsey.**

OBSERVATIONS ON THE VITALITY OF THE HEART OF THE SHARK.

[Made during a Passage from the United States to Burmah, on board the Ship "Washington Allston."]

BY JOHN DAWSON, M.D., MISSIONARY PHYSICIAN TO BURMAH.

"Indian Ocean," Dec. 18th, 1850. Lat. 0° 35′ south; long. 94° 30′ east. To-day we are just 35 miles distant from the equator, and about 250 miles from the western coast of Sumatra. The weather is sultry and warm. Thermometer stands at 83° in the cabin, and about 87° on the upper deck. Occasional showers fall upon the ship, and operating on the heat, tend somewhat to cool and refresh us. Quite a number of sharks of various sizes, and several dolphins, have been swimming and playing round the vessel during the greater part of the day. Three of the former were caught by a hook and line, armed with a bait, that was thrown over to take them. On opening these "inhabitants of the mighty deep," the hearts of two of them were removed from the body, for the purpose of experiment.

The question of irritability of the heart after death, in certain classes of inferior animals, is no longer a subject of doubt among physiologists of the present day. The interesting case of the sturgeon, related in Prof. Dunglison's work on physiology, is well authenticated and to the point. Before noticing, however, the phenomenon of the heart's action in the shark, it might, perhaps, interest some of my professional brethren, if I attempt to describe in a few words the anatomy—the size and structure—of this particular organ in the animal under consideration. The creatures that were taken measured respectively 28 and 34 inches in length, and 16 to 24 inches in circumference round the position of the thorax. When made sensible that they are caught by the hauling in of the line, sharks seem to struggle, like most description of fish, very desperately, to break loose from the hook, but this, of course, only tends to make them the more secure. According to a nautical guess, for there is no means of correctly determining such a question, the two that were subjected to inspection, were considered to be between, the one 10 and 11, and the other 12 and 13 years old.

On examination, the heart appeared to be about the size of an ordinary walnut, and was found without the usual capsule, or pericardium, which is natural to and always noticed in the higher order of animals. As to the general question of size in the whole class or species, this must, of course, depend on the age and dimensions of the animal itself. The organ has but one auricle and one ventricle. The auricle reposes on its anterior and superior face, and bears, I imagine, the same relation as to texture, as the auricles do to the ventricles in the human subject, except that there may be seen a few more muscular fibres interwoven with the fibrous tissues than in the case of man. In the ventricle the fleshy walls were of uniform thickness throughout, a circumstance that is unlike the case of a heart, where there exists a right and a left ventricle, whose relative powers are different, from having unequal forces to exert, but in exact proportion to the office each fulfils in the economy. In this cavity, i. e., the ventricle, I could discover no valves, nor any arrangement which effected that object between the auricle and ventricle. The chordæ tendinæ were also wanting. At the opening into the aorta, there were three capsular bodies, each having a movable minute filamentous membrane covering it, performing evidently in that situation the office of valves.

As to the action of this important functional apparatus, I watched very closely its successive movements, without intermission, for more than an hour, and then at intervals till it became totally unaffected by manipulation. As a beautiful machine of nature, and taking the whole organ for our study, the first impulse proceeded invariably and regularly from above downwards—from the upper edge of the auricle, to the lower or most dependent part, or apex—the sides pressing, after the similitude of a wave, inwards with the progress of the contractile effort. Whilst this movement is advancing, the ventricle is relaxed and dilated. Then like a wave rolling onward, the expulsive action passes as quickly as can be from the auricle to the ventricle. After the latter contracts and becomes apparently empty, by the passage of a jet of the current through the aorta, there is an instant of repose. In this manner wave succeeds wave, or, better, impulse succeeds impulse, with undeviating regularity and constancy. As the vis vitæ or nervous influence diminished, the beats, or pulsations in these experiments, became gradually less frequent, till they ceased, at the expiration of an hour, altogether. Subsequently, by the application of a foreign stimulus, such as the scratch of a needle or a knife, the organ would immediately respond, by an effort at contraction and dilatation. At the close of half an hour from the time of its ceasing to act voluntarily, or at the period of one hour and a half from its removal from the trunk, the susceptibility, or power to be stimulated to action, was completely lost. It then seemed to be dead inert matter.

In both instances the particulars and results were so nearly alike, that no separate notice of either of them seems to be here desirable.

From these experiments, then, so far as they go, conducted on two different occasions and with care, the fact is *once more* established, that the *inherent vitality*, nervous irritability or contractile power, or whatever term is preferred, by which it may be correctly designated, *continues in the heart* of sharks, for a longer or shorter period, varying from one to two hours, after the total extinction of life in the animal whence the organ was taken. Such, it may fairly be inferred, is the rule, though we may yet be made acquainted, by future observation, with some exceptions.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 25, 1852.

Jarvis's Physiology and Johnston's Turner's Chemistry.—"Practical Physiology; or Anatomy and Physiology applied to Health. For the use of schools and families. By Edward Jarvis, M.D." "Elements of Chemistry, for the use of schools. By John Johnston, M.A." Published by Messrs. Thomas, Cowperthwait & Co., Philadelphia. We are indebted to D. Forbes, Esq., 131 Washington street, the New England agent of the publishers, for a copy of the above-named school books. The work by Dr. Jarvis has been examined with particular care, and we can unhesitatingly say that it is by far the best popular treatise on the science of physiology we have ever read. It is well adapted to instruct the student; while the purity of its language and its originality of expression cannot fail to interest all. Were such works as this more extensively read by the members of families, the physician's task would be much lighter, and infinitely more pleasant, when administering to them in sickness. The work on the Elements of Chemistry, by Mr. Johnston, comprehends everything that is requisite for the primary instruction of the student. It is well written, and easy to be understood; and to the lover of that enchanting and most brilliant of all the sciences, this book of Mr. Johnston's will serve as a pleasant pastime to while away his leisure hours.

Parisian Medical Society.—Allusion has been made in the Journal to an association of American physicians in Paris, lately organized. We are informed that another similar society has existed there for some time, under the name of the Parisian Medical Society. This one was instituted in 1837, and is composed of English and American medical gentlemen who are resident in Paris. At the annual meeting of the association, held on the 14th of November last, when an address was delivered by the President, Dr. Charles F. Heywood, of this city, the whole number of members enrolled upon its list was six hundred and seventy-four; while among its honorary members are some of the most eminent of the Faculty, both in Europe and this country. The Society was never in a more prosperous condition than at present, and is doing much to remove national prejudice, to establish friendly relations, and to unite the members of the profession in a generous rivalry in the pursuit and advancement of medical science.

Piper's Manual of Operative Surgery.—We desire to call the attention of the surgeon, the physician and the student—in short, of all who take any interest in this branch of medical science, to a book now in press and shortly to appear. It is designed as a Manual of Operative Surgery, and is the work of much labor and of many years. It will contain a complete history of every surgical disease; and, above all, it will contain spirited and accurate plates of every surgical operation hitherto performed—of the various manipulations of minor surgery, and of the many, and oftentimes perplexing, malignant growths. These plates are in number several thousand. We have seen proof impressions of many of them, and can bear witness to their value. Appearing, though this book does, at a time when others upon the same plan have just been offered to the profession, we have yet no fears for its success. Its author, Dr. Piper, of Woburn, is well known as an enthusiastic and correct observer; the plates are all from his own hand. It is to be published by Ticknor, who spares no pains nor expense in its mechanical execution.

Such a book has long been needed. Much of real importance in surgery has hitherto been scattered through many different treatises, some of which, from their rarity and expense, are inaccessible to the general practitioner. All the results of the combined observation and experience of their authors, all the acquisitions of surgery down to this very hour, will be here presented in an available form and at a very low price. So that we can truly and earnestly advise every good physician to give this book a place in his library. He will find it an interesting work, and one constantly useful for reference.

New Jersey Lunatic Asylum.—The fifth report from this institution shows that its system of treatment is complete, and that the objects contemplated by the Legislature have been realized. Dr. Buttolph makes a good medical superintendent. From Dec. 31, 1850, to Dec. 31, 1852, the receipts from all sources were $32,124 93; and the outgoes the same, lacking $33,86. Patients in the institution Jan. 1st, 85 male paupers, 86 indigent females, and 171 private patients. There is not a lunatic hospital in the United States that will not become an almshouse in less than fifty years, at the rate they are now filling—and the extraordinary part of it is, that the majority are foreign paupers.

Butler Hospital.—The reports of the trustees and superintendent are sensible documents. This lunatic asylum is the charity in Rhode Island,

and probably no institution in the country is better managed. We do not perceive any thing particularly striking in regard to the treatment of the insane here, that has not been already before the philanthropic public. Suggestions, indeed, as to modifications of old and well-established modes are all that can be expected, and the fewer of these the better, unless a positive benefit to the patient is pretty sure to be realized. It seems that the receipts, in 1851, were $21,252 43, and the disbursements $21,016 96. The invested funds of the hospital are $51,500 00. This State has been fortunate in the administration of its insane asylum, thus far.

Student's Vade Mecum.—Messrs. Lindsay & Blakiston's third edition of Mendenhall's Compendium of Anatomy, Physiology, Chemistry, Materia Medica, Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, Poisons, &c.—revised and enlarged, with 224 engravings, puts the student in possession of a condensed medical library. Its accuracy is a strong recommendation, while the portability of a volume containing the whole circle of medical science, is a matter that will have weight with those for those service the book was originally designed. The work is offered, too, extremely cheap, and will be found a valuable assistant even to a well-informed practitioner of any branch of medicine.

Artificial Limbs.—There has been a degree of perfection attained in this branch of mechanism, in New England, that surpasses the efforts of ingenious artists in Europe. This fact is admitted abroad, and Mr. Palmer's success with his artificial limbs, in London, was a triumph that has added to the credit of American ingenuity and skill. A few days since, on the way from Boston to Springfield, under the affectionate care of a devoted father, was a young lad who had the misfortune to have both his lower extremities so shockingly crushed in the great tornado in West Cambridge, the last autumn, that one limb was necessarily amputated above the knee, and the other below. He was on his way to Mr. Palmer's establishment, to ascertain if by any method the boy could have the appearance of possessing feet, like other people. On the day following we were in a return car, where the father and son gave the result of their interview with the artificial limb-maker, which was truly encouraging. He gave it as an opinion that artificial limbs may be so adjusted to the stumps, as that the young man can actually walk about comfortably—and yet one of the two is to have a knee-joint. If Mr. Palmer succeeds in this case, he certainly can in any, and to the extent of his success and fame there will be no boundaries.

Boylston Medical Society of Harvard University.—At a late meeting of this Society, the President, Dr. S. Cabot, being in the chair, the award of prizes for the present year was made by the Committee as follows: The first prize was given to Mr. John M. Brown, for an essay on "Cancer and its varieties." Of the two second prizes, the first was given to Mr. John E. Hathaway, for his essay on "A Comparative View of the Circulation in Man and the other Vertebrata." The other to Mr. Nathan H. Rice, for his essay on "Paracentesis."

Jenner Monument.—The public was apprised some months since of the project which had been set on foot in London, of erecting in that city, a statue of Dr. Jenner, in commemoration of the discovery of vaccination. It was proposed that contributions towards this object should be solicited from all civilized nations, in order that the monument might be an expression of the universal gratitude of mankind to one of its greatest benefactors. The duty of commending this subject to the attention of the citizens of the New England States, and of seeking their aid, was assigned to a committee of physicians in this city, and having completed their labors they now, according to their promise, submit the result to the public.

The total amount which has been collected is - -	$1033 71
The expenses for printing, collecting, &c. - - - - -	163 25
Leaving a balance in the hands of the committee. of	$870 46

This sum has been transmitted to the treasurer of the fund resident in London.

The following is a detailed statement of the places from which [illegible]tions were received—the amount from each place—and the numb[illegible]tributors. It may be recollected that the sum subscribed by eac[illegible] was in no case to exceed one dollar.

Massachusetts.—Boston, subscribers, 524; amount, $503 81. Lowell, 120; amount, $101. Salem, 78; $78. Roxbury, 26; $26. Waltham, 25; $25. Worcester, 26; 25 50. New Bedford, 23; $23. Newburyport, 22; $22. Danvers, 28; $20. Charlestown, 19; $19. Fitchburg, 27; $12 15. Dedham, 12; 11 50. Fall River, 10; $7 50. Pittsfield, 10; $7. Dorchester, 6; $6. Lawrence, 8; $5 25. Lee, 9; 5. Newton, 10; $3. Montague, 6; $1.

Maine.—Portland, 17; $17. Bangor, 3; $3.

Vermont.—Burlington, 51; $51. Brattleboro', 1; $1.

Rhode Island.—Providence, 43; $40. Newport, 5; $5.

New Hampshire.—Dover, 13; $13.

Connecticut.—Norwich, 2; $2.

During the last three years, the wives of 9 men have been brought to the Massachusetts State Lunatic Hospital, at Worcester, in consequence of their husbands going to California.—It is said that 1 out of 16 of the Boston population, or 9,000 in all, is a pauper.

To Correspondents.—Communications on Sea-Sickness, Epulis, Imperforate Anus, and Curvature of the Spine, have been received since our last acknowledgment. We must decline the insertion of the "Strictures" referred to last week, unless the writer will append his name. The article on "Dental Amalgams" is long—too long, we think—and its insertion must be deferred till the pages of the Journal are less crowded than at present with short practical essays.

Married,—Dr. C. F. Kob, of Hartford, Conn., to Miss E. Hoist.—At Cambridge, Ms., Dr. Anson Hooker to Miss A. W. Parker.

Died,—At Farmington, Conn, Dr. E. W. Carrington, of apoplexy, 50.—At Savannah, Geo., Dr. C. P. Richardson, an eminent physician.—At Washington, Dr Dana.—At Bucksport, Me., Dr. John Manning, 62—At Middleboro', Ms., Dr. Geo. Sturtevant, 57.—At Lyme, Conn., Dr. Daniel Lord, 49.—At Somerville, Ms., Dr. Wm. A. Brown.

Deaths in Boston—for the week ending Saturday noon, Feb. 21st, 57.—Males, 32—females, 25. Abscess, 1—accidental, 1—disease of brain, 1—consumption, 12—convulsions, 1—cancer, 1—croup, 2—dysentery, 2—dropsy, 1—dropsy of brain, 2—erysipelas, 1—typhus fever, 1—scarlet fever, 3—hooping cough, 1—disease of heart, 2—hemorrhage, 1—intemperance, 1—infantile, 6—inflammation of lungs, 4—marasmus, 2—measles, 3—neuralgia, 1—puerperal, 1—rheumatism, 1—smallpox, 1—teething, 2—thrush, 1—worms, 1.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 8—over 60 years, 4. Americans, 26; foreigners and children of foreigners, 31. The above includes 12 deaths at the City institutions.

Inanition.—Dr. London, of West Point, Tenn., in a letter some time since received, mentions an instance of prolonged inanition in a hog, which deserves a place by the side of the one recorded by Martell. The unfortunate animal, according to Dr. L., became confined between the limbs of a tree—wedged in—and in this situation remained for ninety-six days, in the autumn and winter of 1848–9. During this period it had no food, but, it may be supposed, was pretty abundantly supplied with rain water. Its computed weight at the time that it became entangled was 190 lbs., and but 30 lbs. when released, so that it lost 160 lbs. in 96 days. The pig mentioned by Martell as having been inhumed by a slip from the cliffs of Dover, lived 160 days without food, and was found to have diminished in weight in that time more than 120 lbs. The more rapid emaciati[illegible]in the former case, was doubtless induced by the exposure of the [illegible]o the open air and the vicissitudes of the weather. The pig, un[illegible]alk cliff, was effectually protected from these influences, having [illegible]fficiency of air to maintain respiration. Dr. Currie relates an [illegible]eresting case of dysphagia, in which the subject, being unable to take any food for a month, lost during that time 100 lbs. in weight. The patient complained very little of hunger; neither was he much disturbed by thirst, except during the first days of his abstinence, and found that it was then always removed by a tepid bath. Nutritious clysters were employed, and seemed to support his strength, as well as afford him refreshment. It is remarkable how little this patient suffered at any period of his inanition. "His nights," says Dr. Currie, "were quiet; his sleep sound and apparently refreshing." Towards the end of it he had very lively dreams, but all of a pleasant nature. "No man," remarks Currie, "ever perhaps approached death by steps more easy."

A child, in this city, died inanitiated about a year since, from closure of the œsophagus, the result of swallowing a solution of pearlash. The obstruction was gradual, and the child lingered for more than 3 months. We had an opportunity, in this case, of remarking the fœtid odor of which writers speak as emitted by the bodies of those in the last days of starvation. With this little sufferer, as with the patient of Dr. Currie, life ebbed so gradually away, that its mother was hardly aware of the moment when it ceased to breathe.—*Western* (*Louisville*) *Med. Journal.*

Connection between Respiration and the presence of Sugar in the Urine.—M. Alvaro Reygnoso referred to a note read before the Academy of Medicine, in Paris, in which he had previously stated that all substances which repress the frequency of respiration, and thereby diminish hæmatosis in the lungs, tend to the production of sugar in the urine. Acting upon this principle, M. Reygnoso had been able to cause the appearance of sugar in the urine by employing the contra-stimulant treatment.—According to the generalization of M. Robin, those substances which arrest the slow combustion, by moist oxygen, after death, are hyposthenic or contra-stimulants during life—*e. g.*, the metallic salts, ethers, salts of quinine, and narcotics generally. Having examined the urine of persons under the influence of salts of mercury, antimony, opium, and quinine, M. Reygnoso had found it to contain sugar, and he had also found that the sugar disappeared from the urine in proportion as the salts were eliminated from the system.—*London Medical Gazette.*